

**COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

**FOR FISCAL YEAR BEGINNING 01/01/2015**

*to be filed with:*

Office of the Attorney General  
Charitable Trusts Unit  
33 Capitol Street, Concord, NH 03301-6397  
603-271-3591

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APR 4 - 2016

CHARITABLE TRUSTS UNIT

**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name** Wentworth Senior Living

**Street Address** 346 Pleasant Street

**City** Portsmouth      **County** 08 - Rockingham      **State** NH      **Zip Code** 03801

**Federal ID #** 02-0222243      **State Registration #** 2947

**Website Address:** [www.wentworthseniorliving.org](http://www.wentworthseniorliving.org)

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

**IF NO**, please complete and attach the Initial Filing Information Form.

**IF YES**, has any of the initial filing information changed since the date of submission?

Yes    **IF YES**, please attach the updated information.

**Chief Executive:** William C. Henson      6034360169  
whenson@wentworthseniorliving.org

**Board Chair:** Cynthia Knapp      6034360169

**Community Benefits**

**Plan Contact:** William C. Henson      6034360169  
whenson@wentworthseniorliving.org

Is this report being filed on behalf of more than one health care charitable trust? No

**IF YES**, please complete a copy of this page for each individual organization included in this filing.

## **Section 2: MISSION & COMMUNITY SERVED**

Mission Statement: Our vision is that Wentworth Senior Living is an active participant in a community dedicated to ensuring our seniors are fully engaged in living better lives longer.

Wentworth Senior Living provides the seniors we serve with the support necessary to maintain their individual strengths and capacities; that they, along with their families and friends, have trust in our desire and ability to help them succeed; and that all members of our staff fully embrace the belief that they are greatly respected and appreciated for playing an important part in this effort.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-I*)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

Greater Portsmouth NH area and surrounding Seacoast towns including New Castle, Hampton, Greenland, Rye, Stratham, Exeter, Newington, Newmarket, Durham, Dover and Southern Maine Seacoast towns including Kittery, Eliot, and York.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

Wentworth Senior Living is a senior living community intentionally designed to extend choice, independence, and a sense of belonging to seniors. Our residents live safe, supported, and purposeful lives alongside our loyal, dedicated staff. As a nonprofit community partner, we also support and manage local programs that enable seniors to stay empowered and connected.

Wentworth Senior Living is a supported residential healthcare community which provides professional healthcare support to seniors who benefit from oversight and assistance with their activities of daily living and/or require physical or medical support due to chronic conditions related to aging. Presently the average age of the Home's residents is 89 years.

Additionally, Wentworth Senior Living collaborates with the City of Portsmouth to provide transportation services to senior and disabled residents who are unable to access public transportation from their homes due to medical or financial restraints. The Wentworth Senior Transportation Program serves seniors age 62+ who reside in Portsmouth.

Wentworth Senior Living also serves Seacoast area adult children and spousal caregivers with educational resources for self-help, and has provided the City of Portsmouth with support for the Senior Activity Center's drop in programs by furnishing the center.

### **Section 3: COMMUNITY NEEDS ASSESSMENT**

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2012 *(Please attach a copy of the needs assessment if completed in the past year)*

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	603
2	372
3	601
4	125
5	
6	
7	
8	
9	

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	501
B	602
C	611
D	999
E	
F	
G	

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*

999: As indicated by the 2012 community needs assessment and on-going community discussions in Portsmouth, Wentworth Senior Living has been an active participant in evaluation and planning for a sustainable senior center. In 2015 WSL continued to provide furnishings for the temporary location of the City's Senior Activity Center, a space which had been donated by WSL for the previous 2 years.

Please refer to the following narrative while reviewing  
Section 4: Community Benefit Activities

A. Community Health Education

Wentworth Senior Living provides community health education services through a variety of educational sessions which are free and open to the public and scheduled at various times throughout the year. In addition to the expertise offered through person-to-person education, WSL also makes available to residents and their families online healthcare education tools through the Relias Learning System—which includes many of the same training tools and resources available to our employees—free of charge.

B. Funding Health Professions Education

WSL believes in supporting the educational growth of its employees to better serve Seacoast Seniors. The Employee Development Program provides financial support for current WSL employees in good standing who wish to further their education in the area of healthcare or social services in order to better serve the seniors in our community. Additionally, WSL promotes professional development and career building through participation in industry conferences and seminars.

C. Subsidized Health Services

Wentworth Senior Living provides fiscal support to the City of Portsmouth Senior Transportation Program and the Senior Activity Center. The Wentworth Senior Transportation Program is a resource for local citizens for medical appointments, senior activities, senior meals, grocery or pharmacy shopping and for serving in volunteer positions anywhere within the city of Portsmouth. WSL subsidizes the cost of a full-time dispatcher and four drivers, four days a week.

E. Financial Contributions

Wentworth Senior Living believes in supporting other non-profit community organizations who share key elements of the organization's mission. Cash donations for sponsorship of local activities were given to the following organizations in 2015: Rotary Clubs, End 68 Hours of Hunger, the Alzheimer's Association's Walk to End Alzheimer's, Local theatre and youth music organizations, Strawberry Banke Museum and the City of Portsmouth.

In 2014, \$15,000 was donated to the City of Portsmouth to fund Senior Luncheons for two years.

Wentworth Senior Living is at the center of one of the City of Portsmouth's historic neighborhoods, making it an ideal location for local organizations to meet. WSL provides space and hospitality to local organizations and associations throughout the year, free of charge.

Additionally, WSL has been a frequent contributor of durable medical equipment and furnishings to local Lions clubs, temporary or transitional housing organizations and other fraternal organizations whose mission includes a provision for helping those in need of assistance.

#### F. Community-Building Activities

Wentworth Senior Living employees participate in local, state and regional organizations related to senior living and wellness; and collaborate with local healthcare organizations to evaluate processes and trends affecting local healthcare initiatives. These include: Foundation for Seacoast Health, Families First Health & Support Center, Seacoast Human Resources Association, LeadingAge Maine/NH, City of Portsmouth Senior Services, Portsmouth Chamber of Commerce, the NH Healthcare Association and the Seacoast Human Resources Association.

#### G. Community Benefit Operations

Wentworth Senior Living employs a full-time staff member to oversee the dispatching and management of the Wentworth Senior Transportation Program for the City of Portsmouth.

#### H. Charity Care

Wentworth Senior Living has made a commitment to residents who are no longer able to pay the full amount for the cost of services at the Home, through no fault of their own. This program is available to residents who are eligible after spending down their own assets, but who will not qualify for Medicaid/Choices for Independence benefits because of the aid program's income restriction. Typically the Home subsidizes the difference in the cost of care and the amount of the residents' income and/or available VA benefits.

#### I. Government-Sponsored Health Care

Wentworth Senior Living subsidizes the cost of care for residents of the Home who have qualified to receive aid from the NH Medicaid/Choices for Independence program as a result of a spend-down of their personal assets.

#### **Section 4: COMMUNITY BENEFIT ACTIVITIES**

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<b><i>A. Community Health Services</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Community Health Education</i>	4 B --	\$2,500.00	\$2,500.00
<i>Community-based Clinical Services</i>	-- -- --		
<i>Health Care Support Services</i>	-- -- --		
<i>Other:</i>	-- -- --		

<b><i>B. Health Professions Education</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Provision of Clinical Settings for Undergraduate Training</i>	B -- --		
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	A 2 1	\$28,146.44	\$28,000.00
<i>Other:</i>	-- -- --		

<b><i>C. Subsidized Health Services</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Type of Service: Senior Transportation</i>	3 1 A	\$79,920.00	\$80,000.00
<i>Type of Service: Senior Activity Center</i>	1 A D	\$24,102.00	\$0.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

<b><i>D. Research</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<b><i>E. Financial Contributions</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Cash Donations</i>	1 -- --	\$150.00	\$1,000.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	-- -- --		
<i>Resource Development Assistance</i>	Other -- --	\$700.00	\$700.00

<b><i>F. Community Building Activities</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	-- -- --		
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	1 2 A	\$28,977.00	\$20,000.00
<i>Community Health Advocacy</i>	-- -- --		

<b><i>G. Community Benefit Operations</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Dedicated Staff Costs</i>	3 1 A	\$40,000.00	\$40,000.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	-- -- --		

<b><i>H. Charity Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Free &amp; Discounted Health Care Services</i>	4 2 --	\$160,052.00	\$100,000.00

<b><i>I. Government-Sponsored Health Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Medicare Costs exceeding reimbursement</i>	-- -- --		
<i>Medicaid Costs exceeding reimbursement</i>	-- -- --		
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	4 2 --	\$30,921.00	\$30,000.00



**Section 5: SUMMARY FINANCIAL MEASURES**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$5,997,582.00
<i>Net Revenue from Patient Services</i>	
<i>Total Operating Expenses</i>	\$6,265,847.00
<i>Net Medicare Revenue</i>	
<i>Medicare Costs</i>	
<i>Net Medicaid Revenue</i>	
<i>Medicaid Costs</i>	
<i>Unreimbursed Charity Care Expenses</i>	\$190,973.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$204,495.44
<i>Total Unreimbursed Community Benefit Expenses</i>	\$395,468.44
<i>Leveraged Revenue for Community Benefit Activities</i>	\$200,006.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$595,474.00

## **Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process**

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) NH Dept of Health & Human Services BEAS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) City of Portsmouth Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Portsmouth Housing Authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Portsmouth City Council	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Families First Seacoast	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Foundation for Seacoast Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Portsmouth Regional Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Friends of the South End Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Individuals residing on the NH Seacoast	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): Information regarding community's needs in 2015 has been collected through an analysis of current senior service offerings in the Portsmouth market and through conversations with similar organizations.

**Section 7: CHARITY CARE COMPLIANCE**

<b>Please characterize the charity care policies and procedures of your organization according to the following:</b>	<b>YES</b>	<b>NO</b>	<b>Not Applicable</b>
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in other public areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>